STATE OF NEW HAMPSHIRE

1110

2018 Statement of Income and Expenses

for LOBBYISTS (RSA Chapter 15)

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|--------|-------|

NEW HAMPSHIRE
DEPARTMENT OF STATE

| I. Name of Lobby | ist(s) Stephanie A. Br | ау | | DEPARTMENT OF STA |
|--|---|---|---|---|
| II. Name of lobby | ist's partnership, firm or corpo | ration, if any: | | |
| Ne | w Hampshire Legal Assis | tance | | |
| (| Name of partnership, firm or corpora | tion) | | |
| 117 | North State Street | Concord, | NH 03301 | |
| Business Address: | | own/City) | (State) | (Zip Code) |
| () 603-22 | 4-4107 () 6 | 03-224-2053 | _{e-mail} sb | ray@nhla.org |
| (Telephor | e) | (Fax) | | - 1,10 |
| reportable expens | t covers: (Choose one – file sep- e transactions which are not at transactions occurring in the mon | tributable to any or | ne client). | |
| | (Full Name of Client as it appe | ars on the Lobbyist Re | gistration Form) | |
| OR All reportable t unrelated to any pa | ansactions by the lobbyist (inclurational client. | ding the lobbyist's fa | amily), or the lobby | ing firm listed below which are |
| IV. Date of Repor | t April 25, 2018 | | July 25, 2018 | |
| | ctivity from date of registration to 3. | ity from date of registration to 3/31/18 activity from 4/1/18 to 6/ | | 118 |
| | October 31, 2018 activity from 7/1/18 to 9/30/18 | | January 30, 2019 [by <i>from 10/1/18 to 12/</i> 5 | |
| If this box is check Concord, NH 0330 VI. Check if addi ✓ If you have red ☐ If you have pa Expense Reimburs | cional reports are attached: beived fees or made expenditures, id an honorarium or reimbursed e | you must file Adde | ary of State's Office ndum A- Fees and ile Addendum B- I | State House, Room 204, Expenses Report of Honorariums or |
| I have read RSA 1 | A. Bray | A 664 and hereby sw f. | ear or affirm that th | |

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

DEC 1 0 2018

| I. Name of Lobbyist(s) | Stephanie A. Bray | | DEPARTMENT OF |
|--|---|---|--|
| | rtnership, firm or corporation, if | any: | |
| Nev | w Hampshire Legal Assistanc | e | |
| | rtnership, firm or corporation) | | |
| III. Name of Client | N/A | Date | |
| to labbying including fees | f all fees received from the client iden for services such as public advocacy, ring legislation, and related legal wo | government relations, or rk. The gross fee amoun | public relations services nt reported shall not be |
| a) Total of all fees received | l in this reporting period | a) \$ | 0 |
| Total of all fees receive | d this calendar year, prior to this report total of all prior monthly reports for thi | | 0 |
| c) Total of all fees receive (Add lines a and b) | d to date . | c) \$ | . 0 |
| d) Indicate the amount of yet been paid | any such fees that are due, but have no | d) \$ | 0 . |
| fees. Separate reports are the lobbyist(s)/firm that a Expenses are to be reporteduring the reporting periodindividual expenses where lunch where the cost was being lobbied, purchase of (c) an itemized statement of any purpose not covered expenses for a section of the lobbies of the section of the lobbies | nerships, firms, or corporations are re- to be filed for expenditures made rela- re unrelated to any one client a sepa- ed in one of three categories of expen- d for salaries, benefits, support staff, the expenditure was of \$25.00 or less- \$25.00 or less, purchase of a pen with a ceremonial object given to a person of each individual expenditure made du by (a) (for example: purchase of a m iven to the subject of lobbying with a legislative reception). Expenses for ted on separate addendums and should | tive to each client and if earate report may be filed unses: (a) the aggregate to and office expenses; (b) to so (for example: meals pure a value of less than \$10 to being lobbied with a valuring this reporting period to eal with value of greater a value greater than \$25, honorariums, expense rei | for the lobbyist(s)/firm. otal of all expenses paid the aggregate total of all chased during a business hat is given to the person to of \$25.00 or less); and of greater than \$25.00 for than \$25, purchase of a but not greater than \$50, imbursement, or political |
| a) Total aggregate expens support staff, and office ex | es for this reporting period for salaries, penses, related directly or indirectly to | benefits, lobbying. a) \$ | 63.61 |
| b) Total aggregate of expering a), of \$25 or less. | enditures during this reporting period, | not reported b) \$ | 0 |

c) Total of all itemized expenditures reported in detail in section VI.

c) \$ _____

| d) Total expenses for this reporting period | d)\$63.61 |
|--|------------------------------------|
| (Add lines a, b and c) | |
| e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report) | e)\$ 2,229.07 f)\$ 2,292.68 |
| f) Total of all expenses year to date | f)\$2,292.68 |
| VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged. | obbying fees during this reporting |
| Paid to: | Amount: |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| · | |
| | |
| | |
| Sworn Statement/Affirmation by Lobbyist | |
| I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affin | rm that the foregoing information |
| is true and complete to the best of my knowledge and belief. | |
| Co of = 0 | m 20 200 |
| the have of Co | 10.29.2018 |
| (Signature of lobbyist) | (Date) |
| Stephanie A. Bray | |
| (Print Name of lobbyist) | |

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